



STATEMENT OF AUTHORIZATION

2003

Please return completed form to the Valuation Division, Board of Equalization, P.O. Box 942879, Sacramento, CA 94279-0061.
If you have any questions, you may reach us at 916-322-2323.

SBE NO.		
COMPANY NAME		
ADDRESS (including zip code)		
CITY	STATE	ZIP
DESIGNATED REPRESENTATIVE		
ADDRESS (including zip code)		
CITY	STATE	ZIP
TELEPHONE NUMBER ()	FAX NUMBER ()	

Please be advised that the person listed above is authorized to act as our designated representative before the California State Board of Equalization in connection with the assessment of our property. Our designated representative may inspect or copy all information, documents, and records, including narrations and workpapers relating to the appraisal and the assessment of our property during the period January 1, 2003 through December 31, 2003, for the lien date 2003. *I understand that this form must be filed annually in order for the representative status to remain current.*

OWNER, PARTNER OR OFFICER'S SIGNATURE	DATE
	
SIGNATORY'S PRINTED NAME	TITLE